

## STATE OF CALIFORNIA

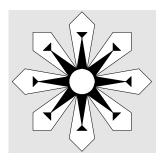
Department of Alcohol and Drug Programs

# **AUTOMATED**

**Claiming Procedures** 

For the

# Drug Medi-Cal (DMC) Billing System Eligibility Worksheet ADP 1584



### PROVIDER DATA ENTRY DISKETTE

# **USER INSTRUCTIONS**

April 15, 1999

FY 1998-99

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NOTE: If you have Paradox Runtime 4.5 installed, it needs to remain on your PC until the NNA/DMC Budget/Cost systems are converted. The Paradox 7 Runtime will go to different directories and will not overlay the Paradox 4.5 Runtime.

### MINIMUM HARDWARE/SOFTWARE SPECIFICATIONS

# **Personal Computer:**

- \* Hardware:
  - IBM Compatible 486 or above
  - 8 megabytes memory
  - 13 megabyte available hard disk space
  - Video Monitor (VGA or higher resolution)
  - Mouse (recommended)
  - Windows compatible printer (Laser recommended)
- \* Software:
  - Windows 3.1 or later
  - Paradox runtime version 7.0 (ADP supplies)
  - Paradox runtime billing program (ADP supplies)

### INSTALLATION OF PARADOX 7 RUNTIME DISKETTE

- 1. Insert the Paradox 7 Runtime Diskette #1 into appropriate drive.
- 2. Go to the WINDOWS Program Manager:
  - Choose *File* from the menu across the top of screen;
  - Choose *Run* from the options available under *File*;
  - Type *a:\install* or *b:\install* on the Command Line (dependent upon the drive into which the diskette was inserted) and click **OK** or press *Enter*;
- You will be prompted to enter your *Name*, press *Tab*, and enter your *Company*.
   Complete this information and click on *Continue* or press *Enter*. (Use the Tab Key to move through the fields).
- 3. Click on *Continue* or press *Enter* to the next two questions regarding directories to store information.
- 4. You will be informed *you are now ready to install*... Click on *Install* or press *Enter*.
- 5. A car speedometer will appear and will show the percent of completion of the installation throughout the process.
- 6. You will be prompted to *Insert Disk 2*. Insert the Diskette and click on *OK* or press *Enter*. Again, you will be prompted to *Insert Disk 3*. Insert the Diskette and click on *OK* or press *Enter*.
- 7. You will be informed *Install can now create a Runtime Manager Group...* Click on *Continue* or press *Enter*.
- 8. You will be informed *you can now read the Readme File...* . Click on *Continue* or press *Enter*. After you have read the **Read Me** File, click on *File* from the menu across the top of the screen and click on *Exit*.
- 9. You will be informed *Runtime is Now Installed*. The Program Groups Icon is *Runtime* and the Program Item Icons read *Runtime*, *Readme File*, and *IDAPI Configuration Utility*. You can minimize the Group by clicking on the *Down Arrow* on the right-hand corner of the Group window. Close Runtime by clicking on the upper left box and selecting *Close*.

### INSTALLATION OF PARADOX ADP 1584 DISKETTE

NOTE: You will need at least **13 mb** of free disk space to install Paradox 7 Runtime and the ADP 1584 diskette (FY1998/1999). To check how much free disk space there is, go to DOS and at the DOS prompt type CHKDSK.

You need to install PARADOX 7 Runtime prior to installing the DMC Billing System diskette.

- 1. Insert the ADP 1584 diskette (FY1998/1999) into appropriate drive.
- 2. Go to WINDOWS Program Manager:
  - Choose *File* from the menu across the top of the screen;
  - Choose *Run* from the options available under *File*;
  - Type *a:\install* or *b:\install* on the Command Line (dependent upon the drive into which the diskette was inserted) and click on *OK* or press *Enter*;
  - The following displays *Please Click on OK to Begin Installation or Cancel''* to Ouit the Installation Process, click on OK.
- 3. Press *Enter* on the next question regarding directory to store information. The Install program will then begin, and, upon completion, display *DMC Billing system Installation Completed*. Click on *OK* or press *Enter*. The *Readme* File will then display. Click on *File* from the menu across the top of the *Readme* screen and click on *Exit*.

The group "*DMC Billing System 1998/99*" displays on your Program Manager screen. The items within this group are: *ADP 1984 Data Entry*, *End-of-Month Process*; and *Data Correction - Previous Month* (FY1998/1999).

You can minimize the group by clicking on the *Down Arrow* on the right-hand corner of the group window.

4. Remove the diskette from the drive. <u>PLEASE KEEP THIS DISKETTE IN A SAFE</u>

<u>PLACE.</u> Do not mail diskettes back to ADP. If there is a problem, you may need them to reload the programs.

# GENERAL EDIT INFORMATION

### **Action Buttons**

There are nine **Action Buttons** on the ADP 1584 screen. The first two buttons are on the upper left corner of the screen all others are on the upper right corner of the screen. The functions of these buttons are as follows:

The *Exit Paradox Button* closes the form and exits Paradox. *This should be done each time* before exiting Windows or DATA MAY BE LOST. This button is highlighted in yellow for easy access.

The *Edit Button* is a toggle button that lets you change from the View to the Edit Mode. It is initially on the View Mode when you start the program. Click on the Button to change to the Edit Mode. The button will then display *End Edit* and will allow information to be entered.

The *Locate Button* allows you to search for a specific value in a specific field or in multiple fields of the same table opened. To locate data on a different table, use the error icons on the top of the icon bar.

The *Insert Button* is used change to a new provider or a new claim ID. To change to a new provider, click on the Provider Code field on the Provider portion of the screen, the field will be highlighted and you can then type in another provider code. To insert a new Claim ID on the client record, click below the place where you wish to insert and click on the insert button and type in another claim ID.

The *Delete Button* is used by highlighting a particular field and clicking on the button to delete that Provider or Client Record. Note: All associated Client Records must be deleted prior to deleting the Provider Record.

The *Print Report Button* allows you to print the ADP 1584 Reports. The print button for the ADP 1584 Entry Screen is on the top right. In the ADP1584 End-Of-Month Screen, the print button is on the upper left. The ADP 1584 Data Correction-Previous Month Screen the print button is on the bottom left.

Lookup Tables

To assist you, there are various lookup and Radio Button tables throughout the program. Clicking on a particular field to highlight, and pressing CTRL and the space bar at the same time accesses the lookup tables. Only the fields listed below have Lookup Tables.

County Code/County Name Sex Code Race/Ethnicity Code Service Function Code Diagnostic Code

### Entry Screen Data Fields

*County Code*. Enter the numeric code for the reporting county. Note: Sutter/Yuba uses the County Code 58. There is no code 51.

**County Name.** The county name is automatically displayed after the county code is entered.

**Provider Code.** Enter the four-digit provider number assigned by the Department of Alcohol and Drug Programs (ADP).

**Provider Name.** Enter the provider name.

*Claim For (Mo)*. Enter the month for which this worksheet is being submitted to ADP for processing. It should be a two-digit numerical code. For example, May is entered as 05 and October is entered as 10.

*Claim For (Yr)*. Enter the year for which this worksheet is being submitted to ADP for processing. It should be a two-digit numerical code. For example, 1993 is entered as 93 and 1997 is entered as 97.

**Program Code.** Simply click on the diamond to the left of the Program Type Description and the proper code will be inserted into the record:

**20** - Non-Perinatal Services

**25 -** Perinatal Services

*Mode of Service Code*. Simply click on the diamond to the left of the Mode of Service Type Description and the proper code will be inserted into the record:

**17** - Clinic Services

12 - Outpatient Hospital Services

*Claim ID.* Automatically filled. You must go to the next line before the number will generate. When you reach the Claim ID # and the last five digits are 90000 or over, you must notify ADP ASAP for a new diskette to get the number training system restarted.

Claim Identification (ID). This field includes ten digits; the first digit is an alpha character (A), the second though the fifth digit is the provider number and the last five digits are automated numbering system. When the last five numbers reach 90,000, please notify your Fiscal Management Branch (FMB) analyst by attaching a memo to the invoice sent with the diskette letting us know that the numbering system needs to be reset. This is important to ensure that your claim submissions do not duplicate previous claim ID numbers.

*Welfare Identification or SSN.* Enter the Welfare identification number in complete form as shown on the Medi-Cal card. For Title XIX beneficiaries with Welfare Identification Numbers listed as (99--60--1234567890), the number is to be in the following format:

99 = County Code	(first 2 digits)
60 = Aid Code	(next 2 digits)
1234567 = Case Number	(next 7 digits)
8 = FBU	(next 1 digit)
90 = Pers. No.	(next 2 digits)

OR; enter the client Social Security Number (SSN) using only the first nine spaces while leaving the last 5 spaces blank.

**Note:** You must enter the following six fields the **first time you enter a client into the system**. The following fields will be automatically generated for future entries.

Client Last Name Client First Initial Client Record # Year of Birth Sex Race/Ethnic Diagnostic Code

*Client Last Name.* Enter the last name of the DMC eligible client.

*Client First Initial.* Enter the initial of the first name of the DMC eligible client. For example, Tom Jones is entered as Jones, T.

*Client Record Number.* Enter the client record number (client chart number at program). A maximum of 9 digits may be used.

**Year of Birth.** Enter the client s year of birth as a <u>three-digit</u> code. For example, the year of birth of 1949 is entered as 949.

*Sex Code.* Enter the clients gender. Valid codes are listed below. (The CTRL/Space bar being pressed simultaneously displays the Sex Code lookup table).

M - Male

**F** - Female

U - Unknown

*Race/Ethnicity Code.* Enter the Race/Ethnicity Code. (The CTRL/Space bar being pressed simultaneously displays the Race/Ethnicity lookup table). Note: There is no Code 6.

- 1 White
- 2 Hispanic
- 3 Black/African-American
- 4 Asian/Pacific
- 5 American Indian or Alaskan Native
- 7 Filipino
- 8 Other

*Diagnostic Code* - See codes on the following page.

*Diagnostic Code.* Enter the correct diagnostic code. This is a five-digit numeric field. Valid codes are listed below.

Diagnostic Code	DSM III Descriptions	DSM IV Descriptions
30300	Acute Alcoholic Intoxication	Alcohol Intoxication
30390	Other and Unspecified Alcohol Dependence	Alcohol Dependence
30400	Opioid Type Dependence	Opioid Dependence
30410	Barbiturate and Similarly Acting Sedative or Hypnotic Dependence	Sedative, Hypnotic, or Anxiolytic Dependence
30420	Cocaine Dependence	Cocaine Dependence
30430	Cannabis Dependence	Cannabis Dependence
30440	Amphetamine and Other Psychostimulant Dependence	Amphetamine Dependence
30450	Hallucinogen Dependence	Hallucinogen Dependence
30460	Other Specified Drug Dependence	Inhalant Dependence
30470	Combinations of Opioid Type Drug with Any Other	N/A
30480	Combinations of Drug Dependence Excluding Opioid Type Drug	Polysubstance Dependence
30490	Unspecified Drug Dependence	Phencyclidine Dependence, Other (or Unknown) Substance Dependence
30500	Alcohol Abuse	Alcohol Abuse
30520	Cannabis Abuse	Cannabis Abuse
30530	Hallucinogen Abuse	Hallucinogen Abuse
30540	Barbiturate and Similarly Acting Sedative or Hypnotic Abuse	Sedative, Hypnotic, or Anxiolytic Abuse
30550	Opioid Abuse	Opioid Abuse
30560	Cocaine Abuse	Cocaine Abuse
30570	Amphetamine or Related Sympathomimetic Abuse	Amphetamine Abuse
30580	Antidepressant Type Abuse	N/A
30590	Other, Mixed, or Unspecified Drug Abuse	Caffeine Intoxication, Inhalant Abuse, Phencyclidine Abuse, or Other (or Unknown) Substance Abuse

**Month of Service.** Enter as a two-digit code, the month that service(s) were provided. For example, the service month of January is entered as 01.

**Year of Service.** Enter as a two-digit code, the year that service(s) were provided. For example, the service year of 1997 is entered as 97.

*Treatment Dates.* Complete the first and last date's of treatment for all clients.

• Clients receiving Outpatient Drug Free (ODF), Day Care Habilitative (DCH), Naltrexone (NAL), or Perinatal Residential (RES) services, use the following format:

First Day = Enter the date for the two-digit number for the first day the client received treatment from this provider. For example, the first day of treatment was on the 8th day of the month; therefore, 08" would be entered.

Last Day = Enter the date for the two-digit number using the SAME day as entered in the first day field.

NOTE: A new line must be used for each day of service.

 Clients receiving Narcotic Treatment Program (NTP) services, use the following format:

For Service Function Code (SFC) 20-22 only, enter the date for the two-digit number in the First field and the date for the two-digit number in the Last field. Multiple (consecutive) days of the same service with no break in service MUST be claimed on one line (i.e., April 2, 1993 through April 7, 1993 = must be claimed as 0207). If there is a break in service, a NEW line MUST be used with the same date format.

For SFCs 23-25 (LAAM dosing), 26-27 (Individual counseling), and 28-29 (Group Counseling), **A NEW FORM MUST BE USED FOR EACH GROUPING.** 

### - **NTP LAAM** (by dose):

LAAM must be enter on the ADP 1584 by the date of the dose. If a client receives 15 or more doses in a month the monthly rate will be paid. A client may not receive a LAAM dose more often than every other day.

Discharged. Enter a 1 if the client was discharged during this month, otherwise leave it blank.

Service Function Code (SFC) AND Unit of Service (UOS). Enter the appropriate SFC as it applies to the type of service provided and the appropriate number of UOS provided. The Service Function Code, Unit of Service descriptions, and the proposed Fiscal Year (FY) 1998/99 UOS Rates are as follows:

Program Code 20: Alcoho	ol and Dru	ig Services F	FY 1998	-99
Description	Service Function Code	Units of Service (UOS)	UOS Daily Rate	Maximum Allowance
Narcotic Treatment Program (NTP) - Methadone	20, 21, 22	Daily	\$7.28 \$.67*	Maximum
NTP - LAAM	23, 24, 25	Dose	\$16.41 \$ 1.50*	Maximum
NTP - Individual Counseling (**)	26, 27	One 10-minute increment	\$12.35 \$1.13*	Maximum
NTP - Group Counseling (**)	28, 29	One 10-minute increment	\$3.61 \$.33	Maximum
Day Care Habilitative (DCH)	30 thru 39	Face-to-Face Visit	\$65.95	Maximum
Perinatal Residential (RES)	Not Applicable			
Naltrexone (NAL)	50 thru 59	Face-to-Face Visit	\$35.69	Maximum
Outpatient Drug Free (ODF) - Individual Counseling	80 thru 84	Face-to-Face Visit (Per Person)	\$61.73	Maximum
ODF - Group Counseling	85 thru 89	Face-to-Face Visit (Per Person)	\$32.50	Maximum

**Program 25: Perinatal Services** 

### FY 1998-99

Description	Service Function Code	Units of Service (UOS)	UOS Daily Rate	Maximum Allowance
NTP - Methadone	20, 21, 22	Daily	\$8.24 \$ .75*	Maximum
NTP - LAAM	Not Applicable			
NTP - Individual Counseling (**)	26, 27	One 10-minute increment	\$17.37 \$1.59*	Maximum
NTP - Group Counseling (**)	28, 29	One 10-minute increment	\$5.08 \$.46*	Maximum
Day Care Habilitative (DCH)	30 thru 39	Face-to-Face Visit	\$80.83	Maximum
Perinatal Residential (RES)	40 thru 49	Daily	\$80.61	Maximum
Naltrexone (NAL)	Not Applicable			
ODF - Individual Counseling	80 thru 84	Face-to-Face Visit (Per Person)	\$86.85	Maximum
ODF - Group Counseling	85 thru 89	Face-to-Face Visit (Per Person)	\$45.73	Maximum

<sup>(\*)</sup> Administrative Costs which are incorporated within the rate.

<sup>(\*\*)</sup> ADP shall reimburse Narcotic Treatment Program (NTP) provider's up to 200 minutes of counseling per calendar month, per beneficiary of Methadone and LAAM services only. Counseling shall be individual and/or group counseling in accordance with Title 22, regulations 51516.1(3)(h)(2).

**Dollars Claimed.** For EACH LINE, multiply the number of units of service by the applicable FY 1998/99 UOS rate. Service Function Code and Unit of Service section in preceding section identify the rate for each area.

*Good Cause.* If applicable, enter the alpha code to indicate the Good Cause for any claim lines qualifying for exemption to the submission deadlines. Good Cause reasons and the codes are as follows:

- Code A = Failure of the client or legal representative, due to deliberate concealment or physical or mental incapacity, to present identification as a Medi-Cal beneficiary.
- Code B = Billing involving other coverage, including but not limited to Medicare, Kaiser, Ross-Loos, or CHAMPUS.
- Code C = Determination by the Director of the Department of Health Services that the provider was prevented from submitting claims for services within the time limitation due to circumstances beyond the provider's control. Specifically, submitting claims due to delay or error in the certification or determination of Medi-Cal eligibility of a beneficiary by the state or county. This also applies to retroactive Medi-Cal eligibility.
- Code D = Determination by the Director of the Department of Health Services that the provider was prevented from submitting claims for services within the time limitation due to the following circumstances beyond the provider's control:
  - 1. Damage to or destruction of the provider s business office or records by a natural disaster, including fire, flood or earthquake; or circumstances involving such disaster that have substantially interfered with processing of claims in a timely manner.
  - 2. Theft, sabotage or other deliberate, willful acts by an employee.
  - 3. Circumstances involving the retroactive certification/ recertification of the provider to participate in the DMC program by the state, or delays by DHS in enrolling a provider.

Circumstances that shall not be considered beyond the control of the provider include, but are not limited to:

- \* Negligence by employees.
- \* Misunderstanding of or unfamiliarity with Medi-Cal regulations.
- \* Illness or absences of any employee trained to prepare bills.
- \* Delays caused by U.S. Postal Service or any private delivery service.
- 4. Other circumstances that are clearly beyond the control of the provider that have been reported to the appropriate law enforcement or fire agency when applicable.
- Code E = Special circumstances that cause a claiming delay such as a court decision or fair hearing action.
- Code F = Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institutions Code.

For further information regarding the submission time frames for Good Cause submissions, refer to Title 22, Section 51008.5, or DMC Letter #92-08, dated July 9, 1992. If a Good Cause code is used, prepare an ADP 6065, Good Cause Certification (see Attachment 1), and retain at the program. This form must be available for ADP monitoring and auditing reviewers.

**Duplicate Override.** Enter the alpha code Y if this is a duplicate service. Prepare Form ADP 7700, Multiple Billing Override Certification (see Attachment 2), and retain at the program. This form must be available for ADP monitoring and auditing reviewers.

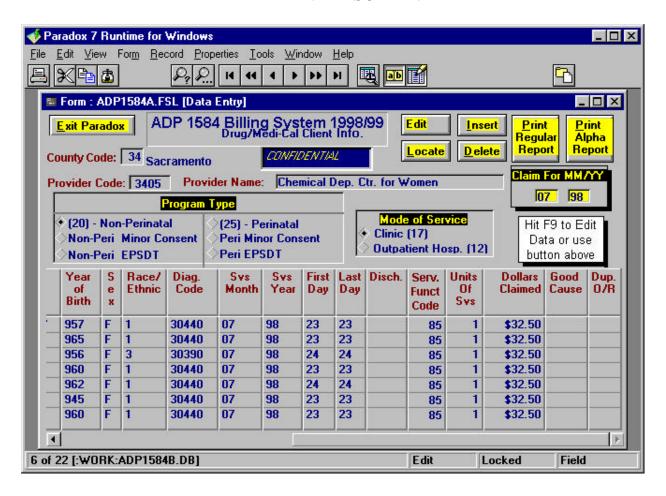
### **GETTING STARTED**



- 1. Start Windows
- 2. Double click with Mouse on *DMC* 1584 Billing System 98/99 Icon
- 3. The following choices are available:
  - ADP 1584 Data Entry 1998/99
  - End-of-Month Process
  - Data Correction-Previous Month
- 4. Double Click with Mouse on your Choice



### DATA ENTRY SCREEN



The **Provider** portion of the Screen is fully visible at all times. Due to the number of fields, all the **Client** fields cannot be displayed at the same time. In order to display and edit the Client fields that do not display, the **Tab Key** or the **Horizontal Scroll/Right Arrow** can be used to scroll to the remaining fields.

# **GENERAL NAVIGATION** Page 19

Click on the right arrow button on the power bar at the top of the screen to move to the next provider in the table. Click on the left arrow button to move back to the previous provider.

If you cannot move out of a field, click on the Delete Button to delete the information. Check that the information is correct and reenter.

### Entering Provider Data

Initially, a blank provider record will appear on your screen. You can click on the *Edit Toggle Button* (the name of the button will change to *End Edit*), and begin entering data. *Following this initial entry, the first provider s record will appear automatically. If you need a blank screen for entering data for another provider, Highlight the County Code - click on the <i>Insert Button to get the blank screen*.

Upon selecting the Edit Mode through the *Edit Toggle Button*, data can be entered. If you desire to enter **client** records to an existing provider, return to the Provider Section and click on the *Locate Button* on the top right of the screen to select the County Code. Check to make sure the Program Type, Mode of Service and Claim Month and Year are correct.

If you desire to add a new provider, highlight the County Code and click on the *Insert Button*. Complete the *Provider Section* of the screen. The county name will be automatically generated after the county code is entered. Enter the Provider Code, Provider Name, Program Type, Mode of Service and Claim Month and Year. After these fields are complete, you may begin entering Client Records.

If you have entered the *Client Section* and discover an error in the provider data, you may go back to edit this by clicking on the field to be edited. If you have started a client record, you must finish entering the data before you will be allowed to go back to the *Provider Section* of the Screen.

### **Entering Client Data**

Initially, a blank record will appear on your screen. You can begin entering data. Following this initial entry, the Client Records for the selected Client will appear automatically.

Although all the fields are not displayed when you begin the screen, as you *Tab* across, or use the *Scroll Bar/Right Arrow* on the bottom of the screen, you can display and complete all the fields. The Provider portion of the screen is fully visible at all times.

To insert a Client record at a specific location, move to the Client Record Welfare ID/SSN field below where you wish to insert the record and click on the *Insert Button*.

Enter funding without dollar signs, decimal points, or commas. The program will enter these upon pressing the "ENTER" or cursor keys.

### Correcting Provider Section Data

If no Client record has been entered, simply correct the error in the field, by clicking on the field and using the **Backspace** or **Delete** key. *If Client records exist, they must be deleted prior to changing the fields in the Provider portion of the screen* because they contain fields that link to the Provider and changing these key fields affect the corresponding Client records.

### Deleting Provider Section Data

Once the provider information is completed, you may not delete the provider until all associated client records have been deleted.

To delete a Provider record, first delete all client records. Move to the Provider Code field and click the *Delete Button*.

### Correcting Client Section Data

Go to the field to be corrected and use the **Backspace** or **Delete** Key to remove the data. Following this, enter the correct data.

### **Deleting Client Data Section**

To delete a Client record, move to the Welfare ID/SSN field and click the *Delete Button*.

### **Printing the ADP 1584 Report**

The ADP 1584 Report can be printed from any of the screens. There are two options.

Print Regular – Print in the order you enter the data. Print Alpha – The system will alphabetize the clients for you.

### **Printer Set-up**

Select *File* on the power bar at the top of the screen, then *Print* and *Select*. This shows the available printers. Select your printer. Printer set-ups may be modified in WINDOWS. Please refer to your WINDOWS user guide for further assistance. If at all possible, use a Laser printer.

The report is formatted for Laser printers because they produce better results.

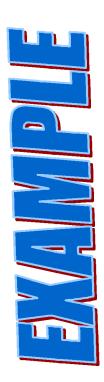
To print the report, click on the *Print Report Button*.

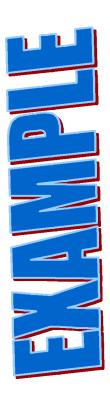
### **Exiting Paradox**

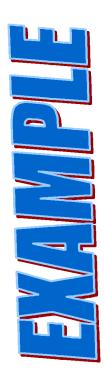
Selecting *Exit Paradox* will take you out of the ADP 1584 program and return you to the WINDOWS Program Manager.

WARNING...Do not turn off the computer without exiting Paradox, as your work could be damaged !!!

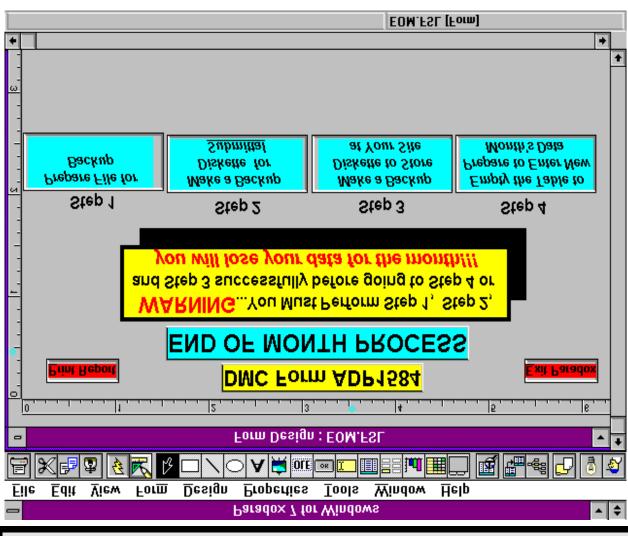








### END-OF-MONTH SCREEN INFORMATION END-OF-MONTH PROCESS



WARNING...Do not turn off the computer without exiting Paradox, as your work could be damaged !!!

### **END-OF-MONTH PROCESS**

- Step 1 Prepare File for Backup. (The data that is generated from month to month is stored separately and this Step combines it into one file.)
- Step 2 Make a Backup Diskette for Submittal to your County. Format a diskette and label it. Below is a suggested label format for submitting your diskette to your county. (Do Not Use The Diskette Supplied by ADP with the Entry Program or any of the Runtime Diskettes).

DISKI	ETTE LABI	EL FORMAT	
Provider Code: Provider Name:	Prog	ram Code:	
County of	County Code:		
Claim Period:			
Total Dollars:		Tot. Records:	
Type: Orig	Suppl	Resub.	
Contact Name:			
Contact Phone: #:_			

Follow the Instructions and Backup Your Data. Carefully read all screen messages to be sure your data was copied successfully. After backing the data onto the diskette, slide the write protect tab up beside the picture of the closed padlock to protect the data. When the diskette is locked, you will be able to see through both windows on the top of the diskette.

• Step 3 - Make a Backup Diskette for Your Files

Format a diskette and label it. Use the label format as directed above. (Do Not Use The Diskette Supplied by ADP with the Entry Program or any of the Runtime Diskettes).

Follow the Instructions and Backup Your Data. Carefully read all screen messages to be sure your data was copied successfully.

• Step 4 - Empty the Table to Prepare to Enter New Month's Data

When you are sure your backups were successful and you are ready to begin to enter the succeeding month s data, click on the *Empty Table Button (Step 4)*.

NOTE: Make sure your backups were successful or you will lose the data! After backing the data onto the diskette, slide the write protect tab up beside the picture of the closed padlock to protect the data. When the diskette is locked, you will be able to see through both windows on the top of the diskette.

### **SUBMISSION INSTRUCTIONS:**

- 1. The County fiscal office, or direct provider, shall complete and forward to ADP the following:
  - a. Diskette with claim information;
  - b. Printout of claim information;
  - c. Form ADP 1592 (see Attachment 3) One original, with three original signatures, and three copies. Note: The original signatures only need to be placed on the page with the Grand Total identified. A form ADP 1592, Monthly Claim for Drug Medi-Cal Reimbursement and Monthly Provider Service and Revenue Summary, is attached, for your convenience or you may;
  - d. Print the monthly claim for Drug Medi-Cal Reimbursement and Monthly Provider Service and Revenue Summary from the diskette. Send the original, with three original signatures if you have not previously submitted a signature document to ADP. If ADP has a signature document (see Attachment 4) on file, signatures are not required. A signature document is attached for your convenience.

Submit all Drug Medi-Cal claims to:

Department of Alcohol and Drug Programs
Fiscal Management Branch
1700 K Street, Fourth Floor
Sacramento, CA 95814-4037

### CORRECTION OF A PREVIOUS MONTH S DATA

### **WARNING:**

The following process (Correction of a previous month s data) should be followed only if you are resubmitting the entire claim for a previous month at the request of our Department.

This process copies the data you are currently working onto a diskette. The tables are then emptied of data and the data from the month to be corrected is copied into the tables.

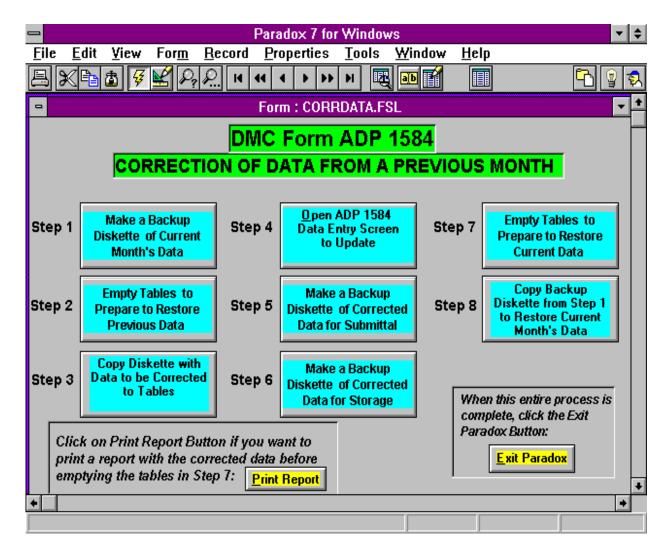
After all corrections are made, the corrected data is copied onto a diskette for submittal and also one for storage.

The diskette from Step 1 (current month s data) is copied back and data entry for the current month can continue.

Step by step instructions begin on the following page.

WARNING...Do not turn off the computer without exiting Paradox, as your work could be damaged

### CORRECTION OF PREVIOUS MONTH'S DATA INFORMATION



• Step 1 - Make a Backup Diskette of your Current Month's Data to Use to Restore Prior Month's Correction

Format a diskette and label it. Use the label format on Page 28.

Follow the Instructions and Backup Your Data. Carefully read all screen messages to be sure your data was copied successfully.

# • Step 2 - Empty the Tables to Prepare to Restore Correction Month Data

When you are sure your backups were successful and you are ready to begin to enter the succeeding month s data, click on the Empty Table Button (Step 2). Again, make sure your backups were successful or you will lose your data!!!

### • Step 3 - Copy Diskette with Data to be Corrected to Tables

If the write protect tab is in the locked position, slide it down beside the picture of the open padlock on the back of the diskette. Insert the Diskette with the Correction Month Data into floppy drive. You will be asked if the data is in Drive A or Drive B. Following your response, the data will be restored.

### Step 4 - Open ADP 1584 Data Entry Screen to Update Previous Data

Click on this button and the Data Entry Screen will appear, use the locate button to find the right record and make corrections. When all corrections are complete, go to Step 5.

### Step 5 - Make a Backup Diskette of Corrected Data for Submittal

Use a **blank formatted** diskette and label it, being sure to include your County, Provider Name and Code, and the Claim Month and Year.

Follow the Instructions and Backup Your Data. Carefully read all screen messages to be sure your data was copied successfully. After backing the data onto the diskette, slide the write protect tab up beside the picture of the closed padlock to protect the data. When the diskette is locked, you will be able to see through both windows on the top of the diskette.

### Step 6 - Make a Backup Diskette of Corrected Data for Storage

Use a **blank formatted** diskette and label it, being sure to include your County, Provider Name and Code, and the Claim Month and Year.

Follow the Instructions and Backup Your Data. *Carefully read all screen messages to be sure your data was copied successfully*. After backing the data onto the diskette, slide the write protect tab up beside the picture of the closed padlock to protect the data. When the diskette is locked, you will be able to see through both windows on the top of the diskette.

# WARNING: IF YOU NEED A COPY OF THE REPORT WITH THE CORRECTED DATA, CLICK ON THE <u>PRINT REPORT BUTTON</u> TO PRINT REPORT <u>PRIOR</u> TO PERFORMING STEP 7.

### Step 7 - Empty Tables to Prepare to Restore Current Data

When you are sure your backups were successful and you are ready to begin to enter the succeeding month s data, click on the 'Empty the Table to Prepare to Restore Current Data' button to clear the table. *Again, make sure your backups were successful or you will lose your data !!!* 

### Step 8 - Restore Current Data from Step 1 Backup Diskette

Insert the Diskette with Current Month Data (from Step 1) into floppy drive. You will be asked if the data is in Drive A or Drive B. Following your response, the data will be restored.

WARNING...Do not turn off the computer without exiting Paradox, as your work could be damaged !!!